

*Pre-Grant*  
**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

8/29/06

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/06 6/15

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	3					
TOTAL DEP.	95					
TOTAL CLAIMS	98					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						